



Council

Health and Wellbeing Board – Revisions

Date: 21 October 2020

Key decision: N/A

Class: Part 1

Ward(s) affected: All

Contributors: Director of Law, Governance and HR

Outline and recommendations

The purpose of this report is to update Council on proposed revisions to the membership of the Board for 2020/21 and for Council to agree that the Board should continue to carry out the function of the Local Outbreak Engagement Board.

Timeline of engagement and decision-making

Proposed changes to the membership and formal responsibilities of the Health and Wellbeing Board have been considered in accordance with advice provided by the Director of Law, Governance and HR at Lewisham Council.

1. Summary

- 1.1. This report provides members with two proposed changes to the membership of the Health and Wellbeing Board, as well as detailing a new responsibility as the Local Outbreak Engagement Board in respect of COVID-19 management.
- 1.2. The Constitution Working Party met on 8 October 2020 and agreed to recommend the change at recommendation 2.1 to Council for approval.

2. Recommendations

Council is requested to agree the following recommendations:

- 2.1 Representation by Lewisham Clinical Commissioning Group at the Board to be

replaced by representation from the South East London Clinical Commissioning Group with effect from 1st April 2020 and to agree that the Council's Constitution be updated to reflect this change.

- 2.2 The Chief Executive of Rushey Green Time Bank be formally approved by Council as a permanent member of the Board, representing the voluntary and community sector.
- 2.3 To note that an additional voluntary and community sector representative will be identified by the Board at the earliest opportunity to support its work programme priorities and deliverables and to become a permanent Board member, subject to approval by Council.
- 2.4 To note that the Health and Wellbeing Board has been performing the function of the Local Outbreak Engagement Board since September 2020 and to formally agree that this responsibility should continue.

3. Policy Context

- 3.1. Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
- 3.2. The work of the Health and Wellbeing Board directly contributes towards the priority of '*Delivering and defending: health, social care and support*' within the Corporate Strategy. This priority aims to ensure that everyone receives the health, mental health, social care and support services they need.

4. Background

- 4.1. Lewisham's Health and Wellbeing Board was set up in response to the Health and Social Care Act 2012. The Act specifies that the Board's membership must, as a minimum, include:
 - a) At least one Councillor of the local authority who is nominated by the Mayor (and may include the Mayor);
 - b) The Council's Director of Adult Services;
 - c) The Council's Director of Children's Services;
 - d) The Council's Director of Public Health;
 - e) A representative of the Healthwatch organisation for the area;
 - f) A representative of each relevant clinical commissioning group; and
 - g) Such other persons or representatives of such other persons as the Council thinks appropriate.

5. Changes to the membership and formal responsibilities of the Board for 2020/21

- 5.1. There are two proposed changes to membership of the Board for 2020/21, and one change to its formal responsibilities. Details of these changes are as follows:

Changes to Board membership

- 5.2 Clinical Commissioning Group - According to the Council's Constitution, composition of the Health and Wellbeing Board is to include one "representative of Lewisham Clinical

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Commissioning Group". From 1 April 2020, following a merger, there will be a single integrated NHS South East London CCG (SELCCG). As Lewisham CCG will cease to exist after 1st April 2020, this representative will be the **Lewisham borough SELCCG representative**. In reality it will remain the same person (Dr Faruk Majid). Council is therefore asked to agree, on the recommendation of the Constitution Working Party, that the Council's Constitution be updated to reflect this change.

- 5.3 Voluntary and Community Sector - Lewisham's Constitution also states that there should be "other persons as the Council thinks appropriate. This will normally include 2 representatives from the voluntary sector". Until earlier this year there was a representative from Voluntary Action Lewisham (VAL) and a representative of the VCS more broadly. Having a VAL representative on the Board was deemed appropriate due to VAL's function as the umbrella organisation providing capacity-building support for the VCS in Lewisham. However the appropriate Council funding and responsibilities for this function were transferred to Rushey Green Time Bank towards the end of 2019. It was therefore appropriate that the VAL representative step down with **the Chief Executive of Rushey Green Timebank** (Philippe Granger) identified as a suitable replacement. An additional VCS member will also be identified by the Board in due course to support its work programme priorities and deliverables. Once an additional VCS member has been identified, the appointment will be referred to Council for approval.
- 5.4 The development of a new Joint Health and Wellbeing Strategy (2021-27) is likely to require further membership revisions. This will be to ensure that it remains fit for purpose and that the appropriate organisations to deliver the strategy objectives are properly represented. It is therefore proposed that a further review of Board membership will be undertaken once the development of the new strategy is completed with any proposed changes being considered by the Constitution Working Party and referred to Council for approval.

Changes to formal responsibilities of Board

- 5.5 Department of Health and Social Care [guidance](#) issued on 28 August 2020 set out the local governance of COVID-19 outbreak plans as follows:
- a) The COVID-19 Health Protection Board provides public health leadership and infection control expertise, linked to the Public Health England regional lead, NHS, environmental health and other key partners. The Director of Public Health is responsible for the local outbreak plan.
 - b) The local gold (Strategic Coordination Group) provide resource coordination, and link to NHS Test and Trace. The council Chief Executive is responsible for the deployment of resources and liaison with the Local Resilience Forum and with Whitehall via Regional Support and Assurance teams.
 - c) A Local Outbreak Engagement Board (or existing governance such as a Health and Wellbeing Board) provides public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers.
- 5.6 In line with the above, the Health and Wellbeing Board has been performing the function of the **Local Outbreak Engagement Board** since September 2020. The purpose of this function is as follows:
- Political and partner oversight of strategic response
 - Oversee the coordinated, transparent response to local COVID-19 outbreaks (and collaborating across the region)
 - Provide timely communications to the public
 - Provide public-facing delivery oversight of Test, Trace, Contain, Enable

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- (TTCE) programme locally
- Act as liaison to Ministers as needed

5.7 Council are asked to note that the Health and Wellbeing Board have been performing this role for the Council and to formally agree that this should continue. This is already covered by the Constitution:

“To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council’s functions under Section 244 NHS Act 2006 (statutory consultee in relation to substantial variations in service etc)”.

5.8 This provides Council with the ability to delegate any Council function to the Board. As such it does not require any constitutional change. The Local Outbreak Engagement Board remains accountable to Mayor and Cabinet.

6. Financial implications

6.1. There are no specific financial implications arising from this report.

7. Legal implications

7.1. The Health and Social Care Act 2012 specifies that the Board membership must at a minimum include a ‘representative of each relevant clinical commissioning group’. As the Lewisham Clinical Commissioning Group will cease to exist from 1st April 2020, a representative from the South East London Clinical Commissioning Group must be nominated to join the Board instead. This therefore requires a change to the Constitution which must be agreed by Council. This amendment to the Constitution has been approved by the Constitution Working Party at their meeting on 8 October 2020 and proposed to Council for approval.

7.2. The membership of the Health and Well Being Board is a matter for Council to agree. Council is therefore required to agree the identity of the 2 representatives of the voluntary sector who are appointed to the Board. This report recommends one immediate appointment and notes that the Board will be recommending a further appointment to Council in due course.

7.3. Under the Constitution the Health and Well Being Board may exercise any Council function which the Council delegates to it (other than the Council’s functions under Section 244 NHS Act 2006 (statutory consultee in relation to substantial variations in service etc)). Accordingly this report asks Council to note that the Board has been performing the function of the Local Outbreak Engagement Board for the Council since September 2020 and to formally agree that it continue to do so.

8. Equalities implications

8.1. There are no specific equalities implications arising from this report.

9. Climate change and environmental implications

9.1. There are no specific climate change and environmental implications arising from this report.

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10. Crime and disorder implications

10.1. There are no specific crime and disorder implications arising from this report.

11. Health and wellbeing implications

11.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. It is therefore important that appropriate organisations are represented at the Board. This includes the Clinical Commissioning Group and the local Voluntary and Community Sector.

11.2 Department of Health and Social Care [guidance](#) issued on 28 August 2020 set out the local governance of COVID-19 outbreak plans which included the establishment of a Local Outbreak Engagement Board function (or existing governance such as a Health and Wellbeing Board). The purpose of the function is to provide public engagement and community leadership, including comprehensive and timely communications to the public and a link to ministers.

12. Glossary

Term	Definition
Clinical Commissioning Group	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Corporate Strategy	The Corporate Strategy sets out how Lewisham Council plans to deliver for our residents over the next four years (2018-2022).
Health and Social Care Act 2012	The Health and Social Care Act 2012 is an Act of the Parliament that provided for an extensive reorganisation of the structure of the National Health Service (NHS). It abolished NHS primary care trusts and Strategic Health Authorities and transferred health care funds to several hundred "clinical commissioning groups", partly run by GPs in England.
Health and Wellbeing Board	Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.
Healthwatch	Healthwatch England is a national body established under the Health and Social Care Act 2012, supported through a network of local Healthwatch organisations across each of the 152 local authority areas. Its purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. The Healthwatch network works together to share information, expertise and learning in order to improve health and social care services.

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Term	Definition
NHS England	NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012.
Voluntary and Community Sector (VCS)	The voluntary and community sector(VCS), or third sector is incredibly diverse and covers everything from neighbourhood watch groups to social enterprises to national and international charities and everything in between. Voluntary groups usually have a mix of paid staff and volunteers whilst community groups tend to be run by volunteers.

13. Report author and contact

- 13.1. If there are any queries about this report then please contact Stewart Weaver-Snellgrove on 020 8314 9308 or email stewart.weaver-snellgrove@lewisham.gov.uk.

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